



FEES:
 Application \$150.00
 Public Notice: 75.00 per submission
 Abutters @ _____ X \$7.00 each= _____
 Other _____
 Total Received: \$ _____ Cash _____ Check# _____

**SIGN PERMIT APPLICATION PLANNING BOARD
 TOWN OF BARRINGTON
 PO Box 660; 333 Calef Highway
 Barrington, New Hampshire 03825**

Project Address: _____ **Map** _____ **Lot** _____
Project/Business Name: _____ **Current Zoning District(s)** _____
Name of Applicant: _____
Address: _____
Telephone: _____ **Email:** _____
Name of Project/Business Owner: _____
Address: _____
Telephone: _____ **Email:** _____
Sign Contractor: _____
Address _____
Telephone: _____ **Email:** _____
Written Authorization of Property Owner _____
Location of proposed sign _____ **Illuminated Yes** ___ **No** ___

Type of Sign: (circle all that apply)

- New Sign Existing Sign-Replacement Existing Sign-Renovations/Changes/Expansion

Proposed Sign:

- Free Standing Building Mounted Awning Banner
 One-Sided Two-sided Permanent lettering Manually changeable lettering
 Home Business/Occupation Temporary-Purpose _____ Dates: From _____ To _____
 Park/Business Complex Sign

New Sign Dimensions:

Height-Feet _____ Inches _____
 Width- Feet _____ Inches _____
 Distance from ground to top of the sign: _____

Lighting: Non-illuminated Externally illuminated

(Electrical permit required for electrical signs. Lighting shall not impact abutters and/ or traffic.)

The undersigned guarantees that the proposed work will be done in accordance with above statements and all work associated will be in accordance with all applicable Town Ordinances and regulations.

Owner Signature

Applicant Signature

Staff Signature

Date

Sketch location on lot with ALL SETBACKS

(Attach a sketch of proposed sign showing the color breakdown)

The undersigned guarantees that the proposed work will be done in accordance with above statements and all work associated will be in accordance with all applicable Town Ordinances and Regulations.

Owner Signature

Applicant Signature

Staff Signature

Date